



Texas State Board of Dental Examiners

333 Guadalupe Street, Suite 3-800
Austin, Texas 78701-3942
(512) 463-6400 / Fax: (512) 463-7452

**2x2 Passport Photo
Required**

PLACE HERE

Dental Hygiene Nitrous Oxide Monitoring Application

Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. All supporting documentation should be submitted with this application. Fees are Non-Refundable. Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 333 Guadalupe Street Tower 3 Suite 800 Austin, TX 78701. A 2x2 passport photo is required.

In order to apply for Nitrous Oxide Monitoring, your RDH license must be active.

RDH License Number: _____

Application fee is \$25

Military Active Duty, Veteran, & Spouse: NO FEE:

☐ Active Duty**

☐ Veteran**

☐ Active Duty Spouse**

**** Please include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge**

Social
Security #**:

Date of Birth:
MM / DD / YYYY

Last Name:

First Name

Middle

Mailing Address:

City:

State:

Zip

Daytime Phone #:

Email Address:

*Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

Employer Information: You may mark N/A if you are not currently employed at a dental office. Notify TSBDE when you have primary employer information.

Do you work for a corporate dental practice? ☐ Yes ☐ No If Yes, list the name and locations. You may attach another sheet if necessary.

Dentist Name

Dentist License #:

Phone Number

Address

City

State

Zip

Business Email

LICENSE HISTORY: Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a “Yes” or “No” response as no other response is acceptable. All “Yes” answers **MUST** be explained in detail in a separate **SIGNED** and **NOTARIZED** affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

NOTE: If you answer “Yes” to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).

1. Have you ever had any application for any professional license refused or denied by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you ever voluntarily surrendered your dental hygiene license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you ever allowed your dental hygiene license to lapse, or had a limited license issued by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you ever voluntarily surrendered any other professional license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Have you ever allowed any other professional license to lapse, or had a limited license issued by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Has your dental hygiene license ever been revoked by any jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Have you ever had any other professional license revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Have you been the subject of disciplinary action not yet reported to the TSBDE? If you answer “Yes” you must attach documentation of disciplinary action not previously reported to TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you ever been arrested, indicted or received a court order for any criminal offense not yet reported to the TSBDE? If you answer “YES”, you must attach documents regarding criminal offenses that have not been reported to the TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES , in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Have you ever had a record expunged from a felony (or criminal) conviction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Do you currently have or have you been previously diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice as a Hygienist in a competent, ethical, and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Have you ever been named as a defendant to a civil suit related to your profession (i.e., malpractice)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ATTESTATION

In addition to the foregoing: I acknowledge this is a legal document and I attest that I understand and meet all the requirements to practice for the type of licensure requested. Further, I understand that it is a violation of the Texas Administrative Code and the Penal Code to submit a false statement to a government agency and I consent to the release of confidential information to the Texas State Board of Dental Examiners and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application for licensure.

Applicant's Signature

Date

Nitrous Oxide Monitoring Application Checklist

If you completed a Texas Nitrous Oxide Monitoring Course you should mail the following to the TSBDE:

- Application and fee. (Military Active Duty, Veterans, and Active Duty Military Spouses do not pay a fee.)
- Proof of successful completion of the TSBDE approved Nitrous Oxide Monitoring Certification Examination completed within the last five (5) years.
- Copy of current Basic Life Support CPR Certification Card.
- Military Active Duty, Veterans and Military Active Duty Spouses must send a copy of Military Orders or Military I.D. Card or document showing proof of Honorable or General Discharge.
- National Practitioner Data Bank (NPDB) Self-Query Report. *The report results must remain in the original sealed envelope. Do not mail TSBDE a copy or an opened query. You will only further delay your process.* NPDB self-query reports are valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>
- American Association of Dental Boards (AADB). This report result must remain in the original sealed envelope. *Do not mail TSBDE a copy or an opened query. You will only further delay your process* You may contact the AADB at (312) 440-7464 or at <http://dentalboards.org/clearinghouse/>

If you completed a CODA-accredited Nitrous Oxide Monitoring Course in another State you should mail the following to the TSBDE:

- Application and fee. (Military Active Duty, Veterans, and Active Duty Military Spouses do not pay a fee.)
- Proof of successful completion of the TSBDE approved Nitrous Oxide Monitoring Certification Examination completed within the last five (5) years.
- Copy of current Basic Life Support CPR Certification Card.
- Copy of Texas Jurisprudence Assessment Certificate of Completion dated within the last 12 months.
- Military Active Duty, Veterans and Military Active Duty Spouses must send a copy of Military Orders or Military I.D. Card or document showing proof of Honorable or General Discharge.
- National Practitioner Data Bank (NPDB) Self-Query Report. *The report results must remain in the original sealed envelope. Do not mail TSBDE a copy or an opened query. You will only further delay your process.* NPDB self-query reports are valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>
- American Association of Dental Boards (AADB). This report result must remain in the original sealed envelope. *Do not mail TSBDE a copy or an opened query. You will only further delay your process* You may contact the AADB at (312) 440-7464 or at <http://dentalboards.org/clearinghouse/>

NPDB and AADB self-query reports are required for each application.

Once your Nitrous Oxide Monitoring application has been approved, you will receive your certificate in the mail within 10-15 business days. There is no activation or renewal required for the NOM permit.